

2018 Statement of Income and Expense

for LOBBYISTS

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NEW HAMPSHIRE

(RSA Chapter 15) NOV 0 1 2018 PLEASE PRINT 1. Name of Lobbyist(s) | Level " | Let Montgome DEPARTMENT OF STATE II. Name of lobbyist's partnership, firm or corporation, if any: (Name of partnership, firm or corporation) Business Address: (Street) (Town/City) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: (Full Name of Client as it appears on the Lobbyist Registration Form) All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. July 25, 2018 🔲 April 25, 2018 🗍 IV. Date of Report activity from 4/1/18 to 6/30/18 activity from date of registration to 3/31/18 Reports cover: January 30, 2019 🗌 October 31, 2018 X activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: ☐ If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B-Report of Honorariums or Expense Reimbursement ☐ If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.



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Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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1. Name of Lobbyist(s) Howell "Hek" Mosker	en
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Lad ()) The	
(Name of partnership, firm or corporation)	1 1.2
III. Name of Client	Date 10/29/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gro reduced by any expenses:	relations, or public relations services ass fee amount reported shall not be
a) Total of all fees received in this reporting period	a)\$ \$2223.5%
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ ear)
c) Total of all fees received to date (Add lines a and b)	c) \$
 d) Indicate the amount of any such fees that are duc, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for bonorariums contributions will be reported on separate addendums and should not be reported.	may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a ler than \$25, but not greater than \$50, expense reimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. 	a) \$ 12023.46
 b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. 	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from l period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	s
	\$
	\$
	\$

Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affinistrue and complete to the best of my knowledge and belief.	rm that the foregoing information
W	10/24/18
(Signature of lobbyist)	(Date)
(Print Name of lobovist)	
(Print Name of lobbyist)	

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Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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. Name of Lobbyist(s)	17 = = 0 + 1 			·
I. Name of lobbyist's parti	nership, firm or corp	oration, if any:		
Libert 1	orship, firm or corporation)			
(Name of partne	ership, firm or corporation)			12. 10
II. Name of Client			Date	10/24/18
Political Contributions				
For each political contributi	on that is reportable p	oursuant to RSA Chapte	r 664 paid	on behalf of the
client/lobbyist and lobbying	firm, indicate the fol	lowing:		
	Donath	Russell		
Full name of candidate:	(Last Name)	(First Name)	(Middl	c Name/Initial)
	TOO (Last Name)	Office Candidate is	•	· ·
Amount of contribution \$		Office Candidate is	Secking	
actual cost of the in-kind cont	ribution on the line abov	ve for amount of contribut	ion. If the	actual cost is not know
actual cost of the in-kind cont	ribution on the line abov	ve for amount of contribut	ion. If the	actual cost is not know
actual cost of the in-kind cont enter an estimated value and t	ribution on the line abov	Ma S	ion. If the	actual cost is not know
actual cost of the in-kind cont	ribution on the line above the word "estimate."	Ma Son (First Name)	(Midd	le Name/Initial)
actual cost of the in-kind cont enter an estimated value and t	ribution on the line above the word "estimate." (Last Name)	Ma S	(Midd	le Name/Initial)
actual cost of the in-kind cont enter an estimated value and t	(Last Name) ond contribution, provide tribution on the line above	(First Name) Office Candidate is	(Midd Seeking	le Name/Initial) Services provided, and enter the
Full name of eandidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution contribution contribution.	(Last Name) ond contribution, provide tribution on the line above	(First Name) Office Candidate is	(Midd Seeking	le Name/Initial) Services provided, and enter the
Full name of eandidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution contribution contribution.	(Last Name) ond contribution, provide tribution on the line above	(First Name) Office Candidate is	(Midd Seeking	le Name/Initial) Services provided, and enter the
Full name of eandidate: Amount of contribution \$ If the contribution is an in-kit actual cost of the in-kind contenter an estimated value and the contribution is a standard content of the contribution is an in-kit actual cost of the in-kind contenter an estimated value and the contribution is an in-kit actual cost of the in-kind content of the contribution is an in-kit actual cost of the in-kind content of the contribution is an in-kit actual cost of the in-kind content of the contribution is an in-kit actual cost of the in-kind content of the contribution is an in-kit actual cost of the in-kind content of the contribution is an in-kit actual cost of the in-kind content of the contribution is an in-kit actual cost of the in-kind content of the contribution is an in-kit actual cost of the in-kind content of the contribution is an in-kit actual cost of the in-kind content of the contribution is an in-kit actual cost of the in-kind content of the i	(Last Name) ond contribution, provide tribution on the line above	(First Name) Office Candidate is	(Midd Seeking s or services tion. If the	le Name/Initial) Services provided, and enter the actual cost is not known
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind com	(Last Name) ond contribution, provide tribution on the line above	(First Name) Office Candidate is	(Midd Seeking s or services tion. If the	le Name/Initial) Services provided, and enter the

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

(Name of pafts	ership, firm or corporation)		
Political Contributions For each political contribut Elient/lobbyist and lobbying	ion that is reportable p g firm, indicate the fol	oursuant to RSA Chapt lowing:	er 664 paid on behalf of the
full name of candidate:	Clast Name)	Kottera (First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is	Seeking Dev
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated valuc and t	ribution on the line above the word "cstimate."	c for amount of contribu	ILION. II the actual cost is not know
ctual cost of the in-kind cont	he word "estimate."	c for amount of contribu	nion. If the actual cost is not know
actual cost of the in-kind cont enter an estimated value and t	he word "cstimate."	Donn— (First Name)	(Middle Name/Initial)
actual cost of the in-kind cont	(Last Name)	Donn— (First Name)	
Full name of candidate: Amount of contribution \$	(Last Name) and contribution, provide tribution on the line above	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

(Name of partne	ership, firm or corporation)		
II. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobbying	ion that is reportable pg firm, indicate the fol	pursuant to RSA Chapt Howing:	cr 664 paid on behalf of thc
Full name of candidate:	Snc(-) (Lasi Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	500	Office Candidate is	Sceking & te
If the contribution is an in-kin actual cost of the in-kind contr enter an estimated value and t	ribution on the line abo	a description of the good ve for amount of contribu	s or services provided, and enter the tion. If the actual cost is not known
actual cost of the in-kind content an estimated value and the	ribution on the line abore he word "estimate."	a description of the good ve for amount of contribu	s or services provided, and enter the tion. If the actual cost is not known
actual cost of the in-kind contr	ribution on the line abo	a description of the good ve for amount of contribu	(Middle Name/Initial)
actual cost of the in-kind content an estimated value and the	ribution on the line abore the word "estimate." Mouse	Chuk (First Name)	tion. If the actual cost is not kno
Full name of candidate: Amount of contribution \$	Mewse (Last Name) 3 Contribution, provide tribution on the line abo	(First Name) Office Candidate is	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."
If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
10/29/18
(Signature of lobbyist) (Date)
(Print Name of lobbyist)